

2011 ELECTION CYCLE

REPORT OF RECEIPTS AND DISBURSEMENTS

Delbert Hosemann
SECRETARY OF STATE

JAN 28 2011

Campaign Finance
Secretary of State

B. J. Smith

Name of Candidate CRAIG HITTAddress PO Box 104 COLLINSVILLE MS 39325 County LAUDERDALETelephone Work 601/486-3433 Home 601/626-7064 Fax _____Contact Name SUSAN LEDBETTEREmail Address sledbetter@3@aol.comOffice Sought HOUSE OF REPRESENTATIVES - 84Political Party REPUBLICAN☐ Check here if above is different from previous report1/1/10 - 12/31/10

_____ May 10, 2011 Periodic Report (January 1, 2011, through April 30, 2011).....	Mandatory
_____ June 10, 2011 Periodic Report (May 1, 2011, through May 31, 2011).....	Mandatory
_____ July 8, 2011 Periodic Report (June 1, 2011, through June 30, 2011).....	Mandatory
_____ July 26, 2011 Pre-Election Report (July 1, 2011, through July 23, 2011).....	Primary Candidates
_____ August 16, 2011 Pre-Election Report (July 24, 2011, through August 13, 2011).....	Runoff Candidates Only
_____ October 10, 2011 Periodic Report (July 24, 2011, through September 30, 2011).....	Mandatory
_____ November 1, 2011 Pre-Election Report (October 1, 2011, through October 23, 2011).....	Mandatory
_____ November 22, 2011 Pre-Election Report (October 30, 2011, through November 19, 2011).....	Runoff Candidates only
_____ January 10, 2012 Periodic Report (October 30, 2011, through December 31, 2011).....	Mandatory
_____ Termination Report (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation)	Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	<u>400 + \$200</u>	\$ <u>600</u>	\$ <u>600</u>
Total amount of disbursements \$	<u>0 + \$ 0</u>	\$ <u>0</u>	\$ <u>0</u>
Total amount of cash on hand		\$ <u>600</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

1-27-2011

Authority: Refer to Miss. Code Ann. §23-16-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-16-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39209 or fax to 601-268-1499 or 601-576-2879.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee

CRAIG HITT

Reporting period

1/1/10

through

12/31/10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jimmie Smith</u>		<u>9/5/10</u>	\$ <u>400⁰⁰</u>
Mailing Address <u>3403 12th Ave</u>		<u> / / </u>	\$
City, State, Zip Code <u>MERIDIAN, MS 39305</u>		<u> / / </u>	\$
Name of Employer (Required) <u>SELF</u>		<u> / / </u>	\$
Occupation (Required) <u>CONSULTANT</u>		Aggregate year-to-date	\$ <u>400⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee CRAIG HITT
 Reporting period JAN 1 2010 through DEC 31 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$